

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to:

"Commissioner for Patents"  
P.O. Box 1450  
Alexandria, VA 22313-1450

on DECEMBER 2, 2003

DECEMBER 2, 2003

MILTON L. HONIG  
Reg. No. 28,617  
Attorney for Applicant(s)

Date of  
Signature

**F7584(V)**  
**01-0169-UNI**

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Customer Number: 000201  
**Attorney Docket No.: F7584(V)**  
Applicant: 't Hooft et al.  
Serial No.: 10/025,296  
Filed: December 19, 2001  
FOR: FOOD COMPOSITION SUITABLE FOR SHALLOW FRYING  
COMPRISING SUNFLOWER LECITHIN  
UNUS No.: 01-0169-UNI

Group: 1761  
Examiner: Carolyn A. Paden

Edgewater, New Jersey 07020  
December 2, 2003

**AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated November 6, 2003, please amend the above-identified patent application as follows.

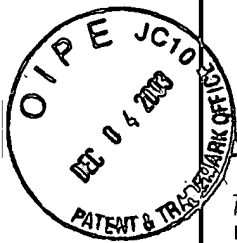
**Amendments to the Specification** begin on page 3 of this paper.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 4 of this paper.

**Remarks/Arguments** begin on page 5 of this paper.

Smag

1761



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UNITED STATES DEPT. OF COMMERCE  
Patent and Trademark Office

COMMISSIONER FOR PATENTS  
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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an **AMENDMENT** in the above-identified application.  
[X] No additional fee is required.

The fee has been calculated as shown below.

**CLAIMS AS AMENDED**

	(2) * Claims Remaining After Amendment		(4) ** Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims		Minus			\$ 18.00	
Independent Claims		Minus			\$ 84.00	
Multiple Claims					\$ 280.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$	

\*If the entry in Column (2) is less than the entry in Column (4), write "0" in Column (5).

\*\*If the "Highest No. Previously Paid For" is less than "20," write "20" in this space.

- [ ] Charge \$\_\_\_\_\_ to Deposit Acct. #12-1155. Triplicate copies of this letter are enclosed.  
[X] The Commissioner is hereby authorized to charge any additional fees, which may be required to our deposit account No. 12-1155, including all required fees under  
[X] 37 C.F.R. § 1.16;  
[X] 37 C.F.R. § 1.17;  
[X] 37 C.F.R. § 1.18.

Triplicate copies of this letter are enclosed.

MLH/sm  
(201) 840-2403

Milton L. Honig  
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Reg. #28,617